

(1) PLACE OF BIRTH

County of

Spartanburg

Township of

or

Hawkinsville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

31989

Registration District No. 1703

Registered No. 644
(For use of Local Registrar)(No. St. Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child *Deborah Ann* If child is not yet named, make supplemental report as directed2 SEX OF CHILD *Boy* 3 To be answered only in event of Twins or Triplets 4 Number in order of birth *2* 5 Are Parents Married *Yes* 6 DATE OF BIRTH *9-20-23*
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME *Willie Campbell* (9) PRESENT POSTOFFICE OF FATHER *St George S.C.* (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *38* (Year) (12) BIRTHPLACE *St George S.C.* (13) OCCUPATION *Farmer* (14) NAME BEFORE MARRIAGE (15) PRESENT POSTOFFICE OF MOTHER *St George S.C.* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26* (Year) (18) BIRTHPLACE *Imroaks S.C.* (19) OCCUPATION *Housewife* (20) Number of children born to mother, including present birth *2* (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11* P. M., on the date above stated. (Hour M. or P. M.)(23) (Signature) *Dr. J. B. Smith* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Nov. 11 1923* (28) *Betty Jennings* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar *J*

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.